

# UNITED STATES DISTRICT COURT

for the

Southern District of Illinois

David H. Caharrett

Plaintiff(s)

v.

Kimberly Butler et al.

Defendant(s)

Case Number: 18-958-NJR

## **MOTION AND AFFIDAVIT TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this motion, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: Pontiac Correctional Center.

I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months. **NOTE: You must have an authorized institutional officer complete the last page of this form.**

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per  
(specify pay period) 0 n/a.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |  |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: 0 n/a.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value): n/a

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense): n/a

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support: n/a

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

n/a

**Declaration:** I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Date: 3-18-2018

David H. Gharrett  
Movant's signature

David H. Gharrett  
Printed name

**CERTIFICATION**

(TO BE COMPLETED BY AN AUTHORIZED INSTITUTIONAL OFFICER)

Plaintiff/Petitioner: David Gharrett

Institution: Pontiac Correctional Center

Register Number: M 38621

I, L. Lambert Account Tech I -, hereby certify that the  
(Name and Title of Authorized Officer - please print)

inmate identified above currently has the sum of \$ #30.34 on account at

Pontiac Correctional Center  
(Institution where confined)

Lisa Lambert  
Signature of Authorized Officer

Dated: 3-26-18

**PURSUANT TO 28 U.S.C. § 1915(a)(2),  
PLEASE ATTACH A COPY OF THE INMATE'S  
TRUST FUND ACCOUNT STATEMENT  
FOR THE PAST SIX MONTHS.**

**Please mail the statement and this completed form to:**

Clerk of Court  
United States District Court  
Southern District of Illinois  
P.O. Box 249  
East St. Louis, IL 62201

Date: 3/26/2018

Time: 2:28pm

d\_list\_inmate\_trans\_statement\_composite

# Pontiac Correctional Center Trust Fund

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## Inmate Transaction Statement

REPORT CRITERIA - Date: 09/26/2017 thru End; Inmate: M38621; Active Status Only ? : No; Print Restrictions ? : Yes;  
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance  
Errors Only ? : No

Inmate: M38621 Gharrett, David H.

Housing Unit: PON-EP-06-05

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							10.27
10/04/17	Point of Sale	60 Commissary	2777182	553391	Commissary	-9.84	.43
10/06/17	Disbursements	80 Postage	2793143	Chk #114241	10/2/17, United Stat. Inv. Date:	-.42	.01
					10/02/2017		
10/11/17	Payroll	20 Payroll Adjustment	2841148		P/R month of 9 2017	10.00	10.01
11/07/17	Payroll	20 Payroll Adjustment	3111148		P/R month of 102017	10.00	20.01
11/15/17	Point of Sale	60 Commissary	3197153	556945	Commissary	-19.47	.54
12/08/17	Payroll	20 Payroll Adjustment	3421148		P/R month of 112017	10.00	10.54
12/13/17	Disbursements	84 Library	3473150	Chk #114994	12/06/17, DOC: 523 F, Inv. Date:	-.90	9.64
					12/06/2017		
01/11/18	Payroll	20 Payroll Adjustment	0111148		P/R month of 122017	10.00	19.64
01/19/18	Disbursements	80 Postage	0193150	Chk #115506	01/16/2018, United S, Inv. Date:	-.21	19.43
					01/16/2018		
01/29/18	Mail Room	10 Western Union	029200	9879696583	Killian, Margaret	65.00	84.43
02/07/18	Point of Sale	60 Commissary	0387156	563358	Commissary	-74.80	9.63
02/13/18	Payroll	20 Payroll Adjustment	0441143		P/R month of 1 2018	10.00	19.63
02/16/18	Disbursements	84 Library	0473143	Chk #115892	01/22/2018, DOC: 523, Inv. Date:	-.10	19.53
					01/22/2018		
02/16/18	Disbursements	84 Library	0473143	Chk #115892	2/8/18, DOC: 523 Fun, Inv. Date:	-.10	19.43
					02/08/2018		
03/01/18	Point of Sale	60 Commissary	0607157	564664	Commissary	-17.51	1.92
03/14/18	Payroll	20 Payroll Adjustment	0731148		P/R month of 2 2018	9.52	11.44
03/20/18	Point of Sale	60 Commissary	079791	565854	Commissary	-11.40	.04
03/21/18	Mail Room	15 JPAY	080200	83563257	Burger, Paula	32.00	32.04

Total Inmate Funds:	32.04
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Less Funds Held For Orders:	.00
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Less Funds Restricted:	1.70
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Funds Available:	30.34
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Total Furloughs:	.00
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Total Voluntary Restitutions:	.00
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### RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
03/20/2018	03/20/2018	Disb	Library	2 DOC: 523 Fund Library	\$1.70
Total Restrictions:					\$1.70